

Chapter

7

SPECIAL POPULATIONS

The Division of Mental Health (DMH) targets resources to adults with serious mental illness (SMI), children with serious emotional disturbance (SED) and persons of all ages with chronic addictive disorders (CA). Included within these special populations are “critical populations” that have historically encountered difficulty in accessing or maintaining services. These include but are not limited to minorities, persons with disabilities, and older adults.

The interests of these populations are represented in the Division through an advisory group process and six bureaus. Each bureau has a designated staff member - the bureau chief, and a 15-member advisory committee. The advisory committees meet quarterly and are composed of consumers, family members, advocates, and interested professionals. The bureaus advocate on behalf of their specific populations by gathering information, discussing issues, and developing recommendations to address identified needs.

The DMH Mental Health Advisory Council (MHAC) meets monthly to advise the Division Director. The 10-member Council is statutorily required and includes a representative from each bureau advisory committee and four at-large members. Each bureau meets with the MHAC at least annually to address issues specific to their population.



Bureau for Persons with Mental Illness

During the past two years, the Bureau for Persons with a Serious Mental Illness became the Bureau for Persons with Mental Illness. This change represented an addition to the Bureau rather than a reduction as the Bureau now includes persons in crisis. This wider scope has added new facets to the Bureau for Persons With Mental Illness Advisory Committee. The committee is now including issues related to victims of violence and abuse and the need to get these people into treatment services as quickly as possible.

In addition to the above issues, the Advisory Committee is concerned with community-based services, community integration, stigma, employment and barriers to employment, mental health treatment in prisons and jails, bed allocation and Hoosier Assurance Plan (HAP) funding.

The Bureau Advisory Committee recently added two new members representing the Department of Correction (DOC) and the Office of Vocational Rehabilitation (OVR). This addition will do much to broaden the scope of the Committee.

Definition of Serious Mental Illness Population

Persons with Serious Mental Illness (SMI) are an important part of the population represented by the Bureau for Persons with Mental Illness. To be diagnosed with SMI, an individual must: be age 18 or over, and currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV that has resulted in functional impairment which interferes with or limits one or more major life activities.

These disorders include any mental disorder (including those of biological etiology) listed in DSM-IV or their ICD-9-CM equivalent (and subsequent revisions), with exception of DSM-IV "V" codes, substance use disorders, and developmental disorders. These disorders are excluded unless they co-occur with another diagnosable serious mental illness. All of these disorders have episodic, recurrent or persistent features; however, they vary in terms of severity and disabling effects.



Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medications); and functioning in social, family, and vocational/educational contexts.

Services/Projects

Actuarial Study

Each year, DMH submits a Community Mental Health Services (CMHS) Block Grant Plan and Implementation Report. In the 1998 plan, DMH used the *Estimation of the 12-month Prevalence of Serious Mental Illness (SMI)*, (Ronald C. Kessler, Ph.D., et al) as the estimation of prevalence in Indiana. In the 1999 plan, the estimate provided as a result of the completion of the DMH actuarial study was used. This estimate was based on rates of poverty in the state and provides an estimate for each of DMH's funding areas. This year, DMH is again using the prevalence tables generated from the actuarial study and comparing that with the federal estimates.

The actuarial study is an estimate of the eligible population: the poorest and least able to secure mental health services. It will provide a framework for future funding decisions. The estimate of the actuarial study was used this year to determine the community mental health center (CMHC) contract amounts. The study will continue to play a larger role in future funding decisions.

Supported Employment

Indiana's mental health system has been very active in building supported employment programs. With DMH able to provide required state matching funds, the OVR was able to provide funds to assist agencies with establishment grants. The CMHCs took advantage of these grants and 26 now have supported employment programs. This number has increased from only one CMHC providing services in 1990.

Additionally, the Supported Employment Consultation and Training Center (SECT) in Anderson has been funded utilizing DMH matching funds. This center provides technical assistance and training for supported employment programs. The SECT has a contract with Ball State University for data



collection. Data now exists on 2,634 individuals with a serious mental illness and other disabilities who have secured employment through a supported employment program at a CMHC. This number has grown from 268 consumers served between 1993 and 1995 to 1,272 consumers served during the most recent (1997-99) biennium.

The average Supported Employment consumer is 36 years of age when he/she starts the program and has lived with a disability for approximately 12 years. Since 1993, Supported Employment programs at CMHCs have served a higher percentage of consumers diagnosed with schizophrenia (42%) than consumers with any other mental illness diagnosis. Consumers with mood disorders represent 24% of those served and over 75% of all consumers have been hospitalized for their disorder at some point.

Most consumers (41%) live independently when they enter the program. After enrollment in the program, 67.5% of consumers experience no change in residence. 18.2% of consumers move to a less restrictive living situation by the time they finish the program. The remaining 14.3% move to more restrictive living situations.

Since 1993, the average consumer wage has increased from \$5.27 per hour to \$6.06 per hour.

Medicaid Limitations on Employment and Income

As supported employment programs became more aggressive and accessible, it became evident that the Indiana Medicaid rules could be creating some barriers to employment for many people. In short, Medicaid provides excellent medical coverage but has stringent limitations on employment and income. If someone on Medicaid is employed and earns more than the allowable income, they lose their medical coverage. Most employment opportunities for those in supported employment programs do not have medical benefits. The risk of employment with the loss of medical coverage is too great for many people to take.

A Work Barriers group has been meeting with the purpose of fostering change in Indiana Medicaid to become more flexible in allowing an individual to work and possibly leave the Medicaid program.



Mental Health Services for Homeless Persons with Mental Illness Funds (PATH)

The homeless who are mentally ill present special challenges. These people are not likely to seek treatment; they tend to be very suspicious of the system and will not receive the needed services without outreach. The Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), provides a grant titled Programs for the Transition from Homelessness (PATH) for the provision of outreach and engagement of this population. There are seven projects operating with PATH funding. They are: Tri-City CMHC in East Chicago, Edgewater Systems in Gary, Madison Center in South Bend, Park Center in Ft. Wayne, Comprehensive CMHC in Muncie, Midtown in Indianapolis and Southwestern CMHC in Evansville.

Shelter Plus Care

Shelter Plus Care (S+C) is the first instance of the U.S. Department of Housing and Urban Development (HUD) linking the provision of housing supports with the provision of treatment services. In the S+C projects, the CMHC receives rental subsidies that are "matched" by an equal value of treatment services. The S+C projects are designed to serve individuals who are homeless and who have a mental illness, are substance abusers, or are Human Immunodeficiency Virus (HIV) positive. There are four CMHCs that have S+C projects through DMH. They are Tri-City in East Chicago, Park Center in Ft. Wayne, Midtown in Indianapolis, and Community CMHC in Lawrenceburg. The projects at Park Center and Midtown have secured a renewal grant for an additional five years. Community CMHC and Tri-City have been approved for extensions of the original grants.



Bureau for Children

The Bureau for Children serves as a planning and policy development entity for the mental health needs of children/adolescents. It is responsible for defining the population of seriously emotionally disturbed children (SED) and adolescents; development and implementation of an annual child mental health plan, and reporting of its accomplishments (requirements of the P.L. 102-321 federal block grant); coordination of activities with Family and Social Services Administration (FSSA), Division of Family and Children (DFC) and other DMH population bureaus; assistance in the coordination and development of prevention and family support services; provision of technical assistance to mental health agencies and programs; assistance in gathering consumer/citizen input; involvement in policy review and development; assessment of service needs; and collection, review and compilation of data.

Definition of Population

SED children and youth are persons whose problems are severe enough to require the long-term intervention of mental health and other agencies. Because of the seriousness of their disabilities and levels of functioning in family, school and community settings, they require a range of services which include involvement of multiple agencies, including mental health, health, education, child welfare, juvenile justice and others. Their identified mental health problems are expected to be at least one year in duration.

Services/Projects

Dawn Project Wraparound Services Effort

The Dawn Project serving Marion County (Indianapolis) is a community-based wraparound service effort. It received initial funding through the Robert Wood Johnson Foundation's Mental Health Services Program for Youth (MHSPY). The project completed its second year of actual services to children in May of 1999. On an average, 140 children receive services each month. The average length of stay is 11 months. The coordinated, family-centered and community-based concepts of the project are showing evidence of building and enhancing strengths in many families. "The Dawn Project: Two Year Review" report discusses how uniquely the project blends the concepts of managed care and systems of care. They call this approach



"Participatory Care Management." Its values include: families as full participants, strength-based discovery as an advanced skill, pooled funding to best use limited resources, forthright information exchange, practical service arrangements, quality service coordination, shared evaluation outcomes, and detailed authorizations and accounting. The project has maintained an active Consortium which consists of state and local stakeholders, family members, and advocates. Indiana Behavioral Health Choices, Inc., a nonprofit managed care organization, coordinates and administers the project.

Children's Health Insurance Program

The Indiana Office of the Children's Health Insurance Program (CHIP) is housed within FSSA. Full mental health parity is included in Indiana's CHIP program. The CHIP law (IC 12-17.6) includes, among other things, early pre-screening and testing of children, which is critical to early intervention. It also requests that FSSA improve its system through technology and training of staff to: (1) simplify, streamline and destigmatize the eligibility and enrollment processes in all health programs serving children, (2) ensure an efficient provider payment system, (3) improve services to families, and (4) improve data quality for program assessment and evaluation.

CHIP/Hoosier Healthwise/DMH—Cost Study

The CHIP Law requires a study of behavioral health services provided to eligible children that are funded by CHIP, HAP, and the Office of Medicaid Policy and Planning (OMPP). As part of the study, the offices are to consider the number of children expected to access behavioral health services, the expected utilization of services, and the projected costs of providing behavioral health services through alternative service delivery plans. A preliminary report was completed in January 2000. The final report is to be submitted to the select joint committee on Medicaid Oversight and the Children's Health Policy Board before July 1, 2001.

The IV-E Waiver Program

Each county determines its approach to service provision, depending on the target population's needs. Services that can be provided by mental health and substance abuse counselors include: substance abuse treatment, conflict resolution and anger management, sexual abuse treatment, and group counseling, behavior management and psychiatric services including



medication and access to crisis services (short term inpatient). Children and families will benefit by (1) the likelihood of preserving or reunifying families, (2) ensuring that children are protected in safer environments, and (3) improving outcomes concerning family functioning, transitioning to an independent living environment, timelier adoptions, improved school performance and decreased delinquency behavior.

Building Bright Beginnings

Governor Frank O'Bannon's initiative, Building Bright Beginnings (BBB), is enhancing Indiana's early childhood development efforts. The Governor recognizes the importance of new brain research and its implications for our children's lifelong healthy developments. The initiative stems from the earlier Indiana "I Am Your Child Campaign Coalition" and has a collaborative work force made up of representatives from each state human service agency including DMH. The vision of BBB is that every child, from birth to four years of age, has the opportunity to develop to his or her greatest potential. Outcomes are centered on BBB values of responsible parenting, health and safety education, quality child care and community mobilization.

Infant Mental Health Initiative

The Indiana State Department of Health (ISDH) is a recipient of a federal grant called Special Projects of Regional & National Significance (SPRANS). One component of the project focuses on an Infant Mental Health Initiative. A collaborative working "development team" for the initiative consists of stakeholders from state and local social service agencies including DMH. The infant mental health piece has an emphasis on developing a training curriculum that focuses on child behaviors and early mental health issues to be used by early intervention and day care staff. Other project activities concern development of a definition of infant mental health, identification of preservice activities, work on the content of training, self competencies and training across disciplines, work on identifying the number of infant mental health specialists in Indiana to develop a resource directory, and the formation of an Indiana Association for Infant and Toddler Mental Health.

University Clinic Program

DMH supports a mental health clinic program for children with SED that is located at Riley Hospital for Children. The program provides multi-disciplinary diagnostics, treatment planning, direct treatment and



consultation services for children and adolescents with SED. Learning or developmental disabilities, other physical/medical disorders, and/or substance abuse problems also complicate these children's circumstances. This program serves many children/youth who are referred by the Department of Education's Article 7 Alternative or Residential Services Program.



Bureau for Critical Populations

Recognizing the unique needs and accessibility barriers to service that are often faced by certain population groups, the Division has begun to focus on addressing these issues and developing plans to help alleviate the impediments to receiving care for these groups.

Definition of Population

Critical populations include those who have been underserved or unserved in the behavioral health services arena. These include, but are not limited to, African-Americans, Hispanics/Latino, Asian/Pacific Islanders, Native Americans, homeless persons, older adults, deaf and hearing impaired persons, migrants, persons with physical disabilities, and persons who are HIV positive.

Services/Projects

Cultural Competency Action Training Project

One major effort on the part of the Division has been a series of Cultural Competence Training sessions for providers over this biennium. The Division contracted with Fairbanks Research and Training Institute to conduct this eighteen-month training program, the Cultural Competency Action Training Project (CCATP), from January 1997 through June 1998. The objective of the program was to assist the managed care providers (MCPs) in developing an organizational infrastructure to address cultural competency with the goal of improving mental health and addiction treatment outcomes for the various cultural groups within their service regions. The original program was deemed to have been very successful, and Fairbanks was awarded a new two year contract to continue the development and implementation of the CCATP from October 1998 through June 2000. As of June 1999, 23 of the 43 MCPs had participated in the training. The second cycle of the project will also include the first annual Indiana Cultural Competency Conference, scheduled for June 2000.

Deaf or Hard of Hearing Services

DMH strives to enhance service accessibility for persons of all ages who are deaf or hard of hearing. At present, two MCPs are certified to provide services to this population: BehaviorCorp in Carmel serves central Indiana and



the Center for Behavioral Health in Bloomington serves the southern part of the state.

Gambling Addiction Services

In the last biennium, persons suffering from compulsive gambling addiction were added to the list of critical populations. Enrollment in the HAP for this population began July 1, 1996, at the beginning of State Fiscal Year (SFY) 1997. At that time, twelve providers were contracted to provide these services. By the following fiscal year, that number had increased to 18, and in SFY 1999 there were 23 providers of gambling addiction services in the state. Some providers have multiple sites, so services are available state-wide. At this time, the rate categories under which persons are enrolled for these services are being studied. The feasibility of risk adjusted rates, which would expand the number of categories and refine the rates paid, is being explored. Particular consideration is being given to rates for persons who have a gambling addiction in combination with another mental illness or addictions diagnosis to account for co-morbidity factors.

DMH Website Enhancement

Future plans to improve the Division's ability to reach these critical population groups include development and enhancement of the DMH website. Information specific to minorities and persons in need of gambling treatment services will be a major component of the content of the site. See Figure 19.

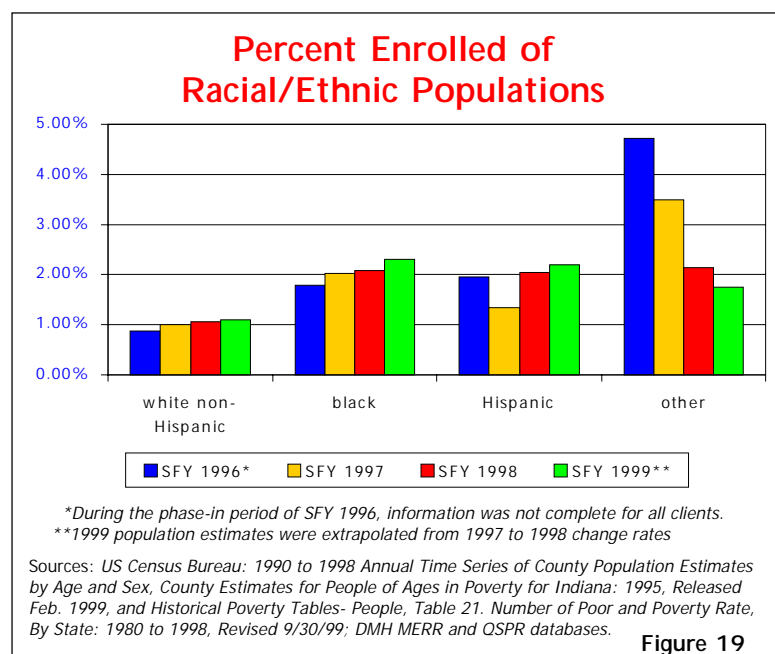


Figure 19



Bureau for Older Adults and Persons with Disabilities

In March of 1999, DMH restructured the Bureau for Persons in Crisis and renamed it the Bureau for Older Adults and Persons with Disabilities. The responsibility for persons in crisis was transferred to the Bureau for Adults with Mental Illness. The Division has created bureaus within the Office of Public Policy to address the needs of populations served by the state's public mental health system. The primary focus of this bureau is older adults and persons with disabilities who are in need of mental health or addiction services.

The following are issues identified for study by the Bureau For Older Adults and Persons With Disabilities: adult day care, the high suicide rate among older adults (especially white males), transition of older adults from state hospitals to community-based care, service access for persons with disabilities, delivery of mental health and substance abuse services through primary health care providers, and mental health services for nursing home residents.

Definition of Population

An older adult includes individuals age 65 and over, who are SMI, suffering from a substance abuse disorder or experiencing a psychological crisis. A person with a disability is anyone who currently has a physical or mental disability who is also suffering from a mental illness, substance abuse disorder, or is experiencing a psychological crisis. Older adults and persons with disabilities are populations with unique characteristics that increase their vulnerability and warrant special consideration from the Division.

Services/Projects

Partnership With DDARS

The Bureau works closely with the Division of Disabilities, Aging and Rehabilitation Services (DDARS), Bureau of Aging and In-Home Services and with the Bureau of Developmental Disabilities (BDD). This partnership helps to ensure that DMH serves these special populations. The Bureau for Older Adults and Persons with Disabilities coordinated training for local DFC case-workers on how to access services in the mental health system for children



who are designated Children in Need of Services (CHINS). This training also included staff from DDARS. These children were considered at risk of falling through the cracks of the service delivery system.

Reimbursement for Clinical Social Workers

DMH worked on many issues facing older adults in nursing facilities. The first issue was the denial of payment for services delivered by clinical social workers in nursing facilities. The Division worked on this issue with the Health Care Financing Administration (HCFA) and the National Coalition on Mental Health and Aging. DMH and HCFA have agreed in principle that clinical social workers should be reimbursed for services they perform in nursing facilities and the state Medicare carrier has restored payment for these services.

New PASARR Categorical Determination

Another issue of concern is the new Pre-Admission Screening and Resident Review (PASARR) categorical determination for Continuing Care Retirement Communities (CCRC). This means that residents of a CCRC who become seriously ill can be temporarily admitted to the nursing facility of the same CCRC for a period not to exceed five days without being subject to a PASARR review.

The Division is required by federal law to determine if a nursing home is an appropriate placement for mentally ill applicants and residents, and if so, what types of services are needed. Indiana has developed a follow-up process that is unique nationally to assure that mentally ill residents receive appropriate services. An independent audit in 1998 found that 87% of PASARR screened residents had received the services recommended in their PASARR assessment.



Bureau for Persons with Chemical Addictions

Addiction to substances is a complex illness. It is characterized by compulsive - at times uncontrollable - craving, seeking and usage of those substances that persist even in the face of extremely negative consequences. Because addiction has so many dimensions and disrupts so many aspects of an individual's life, treatment for this illness is never simple. Substance abuse treatment must help the person stop using alcohol and other drugs and maintain a drug-free lifestyle, while achieving productive functioning in the family, at work, and in society.

Services/Projects

Coordination and Integration of Services

Effective substance abuse and addiction treatment programs typically incorporate many components, each directed to a particular aspect of the illness and its consequences. From that perspective, DMH has promoted the implementation of the continuum of services required of MCPs of treatment for the chronically addicted in all areas of the state. The coordination and integration of services enhance the effectiveness of treatment outcomes. During SFY 1998, more than 13,340 persons were enrolled for treatment.

Methadone Treatment Services

In addition to treatment services for the chronically addicted available in the MCP network, the Division provides partial support for methadone treatment services in Lake and Marion Counties. Methadone is a Food and Drug Administration (FDA) approved medication used in treating opiate and other narcotic addiction. These programs provide daily administration of a therapeutic dose of methadone, in conjunction with comprehensive medical, rehabilitation and counseling services. During SFY 1998, more than 330 persons received services with DMH funding.

Early Intervention Services for HIV

In accord with federal funding requirements, the Division has made available "early intervention services for HIV" throughout the state. These services include pre- and post-HIV test counseling, HIV testing, and therapeutic services. DMH has assured persons with HIV/AIDS access to treatment offered by MCPs. During SFY 1998, there were more than 225 persons who were HIV positive that benefited from the specialized services.



"Street" Drug Outreach Services

Also in accord with federal funding requirements, the Division supported "street" drug outreach services in South Bend, Indianapolis and Evansville. These services are focused on encouraging substance abusers, particularly intravenous drug abusers, to reduce at-risk behaviors and enter into treatment. During SFY 1998 more that 16,669 persons were served.

Substance Abuse Prevention and Treatment Block Grant

The Division administers the Substance Abuse Prevention and Treatment (SAPT) Block Grant which requires an annual application, public review and report about achievements of prior year objectives. The receipt of this block grant has brought with it federally imposed requirements including minimum and maximum spending levels. The SAPT Block Grant requires 20% of the award be spent for primary prevention services; 20% for treatment services for women with dependent children and pregnant women; 4% for former Supplemental Security Income (SSI) recipients in need of treatment; and 5% for early intervention services for HIV. Various expenditure levels of non-federal funds must be maintained on an annual basis. In addition, the Division is responsible for surveying and attaining predetermined levels of compliance with state laws that restrict the sale of tobacco products to underage youth. The state is subject to significant penalties for noncompliance.

Co-occurring Disorders of Substance Abuse and Mental Illness

To assist the Division in developing its strategies for addressing the development of substance abuse services, the Bureau for Persons with Chemical Addictions has utilized the expertise of the bureau's Advisory Committee. The committee is comprised of consumers, citizens, and providers. During SFY 1998, the advisory committee presented a recommendation to the MHAC that the Division consider the issues related to the delivery of services to persons with co-occurring disorders of substance dependence and mental illness. This contributed to the formation of a task force to address the issue. In SFY 1999, the advisory committee formed the core membership of a special task force of the Office of Public Policy to consider the issues related to the addiction treatment services provided in two state hospitals. The report was presented to the MHAC in June 1999.



During SFY 1999, the Division supported training services which focused on enhancing competencies of professionals providing both substance abuse and mental health treatment services. Those training objectives are targeted to cross-train personnel in distinct substance abuse and mental health treatment and to assess and develop treatment strategies that address the necessary interventions for the co-occurring disorders. More than 1,000 person-days of training will be delivered.

Substance Abuse Research

Substance use research was conducted through a family of studies that were targeted to determine the level of need for substance abuse treatment. The *Indiana Household Telephone Survey of Adult Drug Use* study indicates that approximately 8% (271,000) of the adult population report diagnostic symptoms consistent with substance dependence; another 10% (353,000) report diagnostic symptoms consistent with non-dependent substance abuse.

Another study, *Prevalence of Alcohol and Other Drug Use in Pregnant Women*, estimates the need for treatment of pregnant women at 6.3% or 5,225 infants at-risk for prenatal drug exposure.

A third study, *Drug and Alcohol Dependence in Indiana Arrestees*, estimates that there are approximately 160,000 adults and 7,300 juveniles who are dependent on one or more substances are arrested and detained. Based on a secondary analysis of the annual Indiana School-Based Survey of Adolescent Drug Use, it is estimated that there are more than 38,000 children and adolescents in need of treatment for alcohol alone, while an additional 27,000 require treatment for other drugs. The studies consistently indicate that rural and small urban areas have approximately the same treatment needs, per capita, as large urban areas.



Bureau for Mental Health Promotion and Addictions Prevention

In early 1998, the Bureau for Mental Health Promotion and Addictions Prevention was formed. To support this new bureau, the Advisory Committee for Mental Health Promotion and Addictions Prevention was selected. Membership for the committee includes: youth, community-based prevention leaders, prevention providers, and experts in youths' mental and physical development.

Funding from the Safe and Drug-Free Schools and Communities, the Governor's Commission for a Drug-Free Indiana, and the Center for Substance Abuse Prevention (CSAP) support alcohol, tobacco and other drugs (ATOD) prevention activities in Indiana's 92 counties.

Services/Projects

After School Prevention Programs

Coalitions managed by primary contractors were established in 14 regions, covering the 92 counties, to provide adult-supervised, after-school prevention programs. Universal criteria is used for eligibility of youth, 10 through 14 years of age in the research-based, theory-driven After School Prevention Program. The coalitions of youth development organizations provide the youth with 40 hours of education-based "focused prevention activities" and "supportive prevention activities" across six-week time periods. Evaluations of the programs include pre/post surveys of drug use, program evaluation and "participant" satisfaction surveys. Preliminary figures show approximately 14,000 youth were served in Federal Fiscal Year (FFY) 1999.

Prenatal Substance Use Prevention Program

The Prenatal Substance Use Prevention Program (PSUPP) provides regional education-based ATOD prevention services to pregnant teens and adults. Participants receive information, education services in clinics and home visitations by ISDH workers. The emphasis is on the effects of drugs on the fetus and drug-free alternatives. Workers also make referrals for evaluation to determine whether treatment is warranted. Evaluation includes measures of process objective and pre/post measures of drug use. There is a



three-month follow-up after services are concluded. An estimated 1800 pregnant teens and adults were served in FFY 1999.

Healthy Families Program

CSAP funds are pooled with other funding sources to serve first-time parents and their newborns. Families are referred by their physicians based upon responses to an in-hospital checklist of risk in the Indiana Healthy Families Program. Home support workers in 92 counties visit families with educational information. Families are seen weekly in the first phase of the education-based program. Education, drug-free alternatives, and referral objectives are set with the families to be met within the home and by community services. The emphasis is on a reduction of child abuse and substance use. Families participate in pre/post measures that include the checklist of risk and are followed for three years. By June 30, 1999, an estimated 3500 families were served in the Healthy Families Program.

Local Coordinating Councils

The Information Dissemination, Community-Based Process, and Environmental Strategies are utilized by six (6) Regional Coordinating Offices (RCOs) who mobilize and maintain Local Coordinating Councils (LCCs). Indiana has an active LCC in each of its 92 counties with prevention activities selected by the counties. Among these activities is participation in site visits as part of the enforcement of Synar.

Prevention Resource Website

The Regional Alcohol and Drug Awareness Resource (RADAR) site for Indiana is provided by Indiana University Prevention Resource Center (IPRC). IPRC also provides technical assistance and drug prevention information to Indiana-based prevention professionals and programs. The IPRC also provides a web site, www.drugs.indiana.edu. In FFY 1998, the IPRC utilized the information dissemination, education, community-based process strategies to provide over 46,000 direct consultation and 2,080 trainings. The website was accessed over 3 million times in FFY 1998.

Prevention Needs Assessment

In 1998-99, Indiana continued its Prevention Needs Assessment, funded through a contract with CSAP, with the Search Institute, Inc. Survey. Approximately 20,000 youth have taken the survey in Indiana. The Search



Institute Survey measured 40 assets of youth, families, and communities. Longitudinal studies of the survey in other states found that individuals with 30 or more of the assets measured were significantly less likely to use drugs.

Indiana Grassroots Prevention Coalitions Initiative

In SFY 2000, Indiana was awarded the single largest competitive prevention grant, the State Incentive Cooperative Agreement, *Indiana Grassroots Prevention Coalitions Initiative*, for \$7.5 million by CSAP. The award was made to the Office of the Governor with FSSA/DMH as administrators. An advisory panel was selected by the Governor. Volunteers and state agencies, with public input, are developing a strategic state plan for prevention. The Grassroots Initiative will also fund science-based prevention projects produced by coalitions of community-based, volunteer-led organizations.

Synar Amendment

Although not administered by the Bureau for Addictions Prevention and Mental Health Promotion, the effort to reduce the use of tobacco products by youth is prevention-oriented. A 1992 federal law called the Synar Amendment requires all states to implement a plan to reduce the sale of tobacco products to minors. The Synar Amendment gives states financial incentive to increase their emphasis on prohibiting the sale of tobacco products to young people under age 18 by placing a penalty on federal SAPT block grant funds in states which fail to achieve and maintain negotiated rates of vendor compliance with youth tobacco access laws. In 1999, seven states and the District of Columbia were advised of an intent to enforce the penalty as a result of their failure to meet the mutually agreed upon compliance targets.

In 1995, Indiana negotiated noncompliance target rates of 30% for 1998, 25% for 1999 and 20% for 2000 and subsequent years. The Division administers the SAPT block grant and a 1996 state law makes DMH responsible for implementation and management of the plan to meet these targets. If they are not met, the state risks being penalized 40% of the SAPT block grant funds, which for SFY 99 would amount to over \$13 million. Although Indiana has continued to meet its negotiated noncompliance targets, since 1998 what had been a downward trend has reversed, with the



noncompliance rate going from 24.3% in 1997 to 26% in 1998 and 27.9% in 1999. Because of what has been termed the “bounce-back” effect, Indiana is seeking to renegotiate its noncompliance rates.

Indiana’s plan to meet the mutually agreed upon noncompliance targets includes the annual Synar study in which surprise inspections are made of approximately 900 randomly selected vendors across the state. These inspections are performed by a team comprised of an Indiana Alcoholic Beverage Commission Excise Officer, a 14 to 16 year old volunteer youth, and a volunteer adult monitor. During these inspections, no actual tobacco sales are made and thus no citations issued. The study, designed and overseen by the IPRC at Indiana University, is a scientifically valid representation of illegal sale of tobacco to underage youth and has been approved by the federal agency which administers the SAPT block grant.

Besides the annual Synar study, the Division administers a limited number of enforcement inspections during which tobacco products are actually sold to a minor and tickets are issued. During 1998 and 1999, approximately 400 such inspections were carried out. All vendors inspected under either program are informed of the results of the inspection by letter, and those who refuse to sell to the minor are given certificates of appreciation. A state law which took effect July 1, 1999 allows citations to be issued not only to the clerk who sells the product, but to the retailer as well. As of November, 1999, nearly \$2,500 in retailer fines had been assessed and collected. Guidance on the management of Synar activities is provided by the Tobacco-Free Youth Coalition, composed of representatives from Indiana organizations and agencies with an interest in youth tobacco use, including state agencies, other health-promoting organizations, and retailer associations and groups. Among the issues addressed by the Coalition are the need to increase local enforcement of youth tobacco access laws and prosecution of violators of these laws, increase vendor and public education, and collect data on these activities.

In early 2000, the Division began a program called the Tobacco Retail Inspection Program (TRIP) of unannounced inspections of tobacco retail locations throughout the state. The Division will issue warnings to



retailers for first offenses and impose graduated penalties to those who continue to sell tobacco to underage youth. The daily operations of TRIP will also be managed by the IPRC, with off duty Indiana police officers under contract with DMH.

Although youth tobacco use in Indiana is still above national averages, the results of the annual school survey of ATOD use released by the IPRC revealed that for the third year in a row, use has declined. This decrease coincides with Synar activities and publicity related to the FDA's authority over tobacco as a drug, as well as with the Division's ATOD prevention programming for middle-school youth and our investment in a media campaign to counter tobacco marketing advertisements undertaken by the ISDH.

